

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24723**
3165

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 55 years		e. STREET ADDRESS (If rural, give location) 528 South Colorado	
d. FULL NAME OF HOSPITAL OR INSTITUTION 528 South Colorado		n 3078	
3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) HOXIE c. (Last) CROCKETT			4. DATE OF DEATH (Month) (Day) (Year) June 18 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH May 27 1884
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired WALLBOARD	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wallace Mfg. Co.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME CHARLES CROCKETT		13b. MOTHER'S MAIDEN NAME CHATTIE HOXIE	14. NAME OF HUSBAND OR WIFE GERTRUDE CROCKETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-09-1925	17. INFORMANT'S SIGNATURE OR NAME Leslie S Crockett ADDRESS 528 South Colorado
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)	
		INTERVAL BETWEEN ONSET AND DEATH 2 hours 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-19</u> , 19 <u>51</u> , to <u>6-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-18</u> , 19 <u>53</u> , and that death occurred at <u>7:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE J. M. Haight (Degree or title) D		23b. ADDRESS 3401 E 12th KCMo	23c. DATE SIGNED 6-19-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 22 1953	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 6-22-53	REGISTRAR'S SIGNATURE Herald Smith	25. FUNERAL DIRECTOR'S SIGNATURE Durk + Robin ADDRESS 20 West Linwood	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~by~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Goldsnow*.....

Licensed Embalmer No...*4714*.....

P. O. Address *N. C. Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.